

## Overview

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**Please complete the grant application online.**

This document is provided so that you can review the applications, collect information, and prepare your answers – should you wish to do so – in advance of entering them into the online grant application.

**Submissions of this document in lieu of the online grant application will not be accepted.**

## #1 Requirements & Criteria

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### [Historic Preservation Grant Webpage](#)

For detailed instructions on grant eligibility, completing this form, or other additional information, please visit [the Historic Preservation Grant Webpage](#) before submitting this form. You do not need to create an account to submit a grant application. However, you must have an account and sign in to save your work and come back to it later. For instructions on creating an account for new applicants or accessing a previous account for returning applicants, visit the Historic Preservation Grant Webpage.

### Required Forms and Attachments

Applications must include the following attachments:

- Project Budget (sample available on Grant Webpage and linked in the application form)
- [Property Condition Form](#) for structural projects only (also linked on Grant Webpage)
- Proof of Non-Profit Status
- Organizational Financial Report
- Bylaws
- Disposition of Assets Plan
- Organizations IRS 900 (or 990-N or 990-EZ) and W9
- Photographs, illustrations, current conditions

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#2 General Information

Certification of Preparation\*

☐ I have read and understand the instructions, criteria and requirements for this grant application and have the required attachments needed to proceed.

☐ The grant application strongly recommends I save my application responses to my own files and copy and paste my responses here to ensure I have a copy of my application for my own records.

Project Title\*

Grant Funding Amount Requested\*

Total Project Cost\*

Organization Name\*

Organization Mailing Address

Address 1\*

Address 2

City\*

State\*

Zip\*

Federal Employer ID Number\*

Primary Contact Name\*

First and last name

Secondary Contact Name\*

First and last name

Primary Contact Title\*

Secondary Contact Title\*

Primary Contact Email\*

Secondary Contact Email\*

Primary Contact Phone Number\*

Secondary Contact Phone Number\*

Grant Application Presentation\*

Would you like to do an optional presentation to the HPC regarding your grant application?

☐ Yes

☐ No

Continue

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### #3 Project Eligibility Information

Projects must be aligned to one of the following categories (see [instructions](#) for full eligibility information):

- Artifact / Collection Preservation
- Building / Structure Treatment, Preservation or Restoration
- Interpretive Program

Applicants may not receive funding for the same project from this grant program and the Linn County Board of Supervisors Witwer Trust grant program.

Applicants cannot apply for more than one project per application. A separate application is needed for each project. If more than one request is in a single proposal, the entire application will be deemed ineligible.

Requests must be for expenses not yet incurred and expenses that will not be incurred prior to the notification of funding (typically July 1).



#### Management Verification\*

☐ I confirm that our organization is not under ecclesiastical or sectarian management or control, as specified in Iowa Code 331.901(5)

If your organization is under ecclesiastical or sectarian management, it is not eligible to apply. Due to Iowa Code Section 331.901(5), organizations under ecclesiastical or sectarian management are not eligible for county grant funds.

#### Is the property to be preserved or restored, owned by your organization or retained under long-term lease?\*

- ☐ Owned by your organization
- ☐ Retained under long-term lease
- ☐ Not applicable

If you do not own or lease your property, you are not eligible for grant funds under this program.

#### Does your project involve the purchase of a structure or construction of a new building?\*

- ☐ Yes
- ☐ No
- ☐ Not applicable

If yes, you are not eligible for grant funds under this program and can stop filling out the application.

#### Should your organization dissolve, what would happen to the project and who or what organization would be the owner? Please summarize.

In addition, please upload any applicable dissolution plan or bylaws, etc. at the end of this application.

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#### #4 Grant Application

**Commented [CMH1]:** This section almost entirely rewritten

##### Project Timeline:

Start Date:	
Completion Date:	
Available to the public on:	

##### Project Description:

In 150 to 200 words, please describe the purpose of your project. For example, are you:

- collecting and preserving historical materials, artifacts, or structures (buildings);
- maintaining a historical library or collection;
- conducting historical studies or research;
- issuing publications;
- providing public lectures of historical interest;
- or otherwise disseminating a knowledge of the history of the area to the general public?

TEXT BOX FOR RESPONSE

##### What is the historical and/or educational value of project to preserving or interpreting Linn County history?\*

Briefly explain in a sentence or two how your project contribute to preserving, displaying or disseminating the history of Linn County? Explain why you think this project is important and what would be lost if it is not funded.

TEXT BOX FOR RESPONSE

##### How will you publicize the project?

Such as: acknowledging the award, showcasing the completed project, and through what mediums (social media, your website, newspaper, press release, etc.)

TEXT BOX FOR RESPONSE

##### How will the community have access to your project?

Will your project be open to the community? For structures or collections, are there public access hours/days? For collections, archives or research, will content appear online via intranet or website? Please share any other relevant information.

TEXT BOX FOR RESPONSE

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### Type of Project\*

Select the option that best describes your project.

- ☐ Artifact/Collection Preservation
- ☐ Building/Structure Treatment - Preservation/Restoration
- ☐ Interpretive Program

Briefly describe in a sentence or two how this project contributes to the unique identity of your community.

Preservation and rehabilitation of historic structures and collections contribute to the unique identity of a place and heavily influence a community's sense of place. Placemaking opportunities include: streets, sidewalks, public spaces, signage, wayfinding, accessibility, transportation, and social and economic centers of communities and neighborhoods.

If your project is: [Artifact / Collection Preservation](#), please answer these questions:

1. Describe the condition of collections that you are requesting funding for. For example, brittle, stored in cardboard boxes, overcrowded, folded.)

TEXT BOX FOR RESPONSE

2. Briefly describe the corrective action you are proposing. (In archival boxes, interleaving, flattening, lining wooden shelving, metal shelving)

TEXT BOX FOR RESPONSE

3. If digitizing, briefly state digitizing specifications you will use. (600 dpi, black & white, gray scale, color, etc.)

TEXT BOX FOR RESPONSE

4. How will you store the original, unedited image? (in the cloud, on external hard drive, shared server)

TEXT BOX FOR RESPONSE

5. How will you store the original item? (in an archival box?)

TEXT BOX FOR RESPONSE

6. How will you display, share digitized items? (in-house computer, online on website?)

TEXT BOX FOR RESPONSE

If your project is: [Building/Structure Treatment – Preservation/Restoration](#), please complete the [Property Condition Form](#).

If your project is: [Interpretive Program](#), please answer these questions

What groups, if any, will you be partnering with to create, publicize or implement the programming?

TEXT BOX FOR RESPONSE

How will you be marketing the program? (newspapers, online, social media, TV, radio, etc.)

TEXT BOX FOR RESPONSE

How will you make the program accessible to the public? (will it be recorded, will it be virtual, etc.)

TEXT BOX FOR RESPONSE

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## #5 Project Budget

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### [Project Budget Worksheet](#)

Use the budget worksheet linked above to submit a detailed budget for the proposed project. Round your request to the nearest whole dollar amount (no decimals).

#### Upload Budget Worksheet\*

No file chosen

Budget worksheet is linked above or can be found on the Historic Preservation Grant Application webpage.

#### Upload Any Additional Estimate Documents

No file chosen

Attach specific documentation such as estimates from suppliers and contractors to support budget items requested with grant funding. Organizations are strongly encouraged to obtain more than one quote for materials and labor.

#### How will your project proceed if not fully funded?\*

#### Provide your organization's financial report for the past fiscal year including balance sheet and income statement.\*

No file chosen

#### Does your organization receive funding from Linn County?\*

☐ Yes

☐ No

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#6 Additional Documentation

Upload your IRS 990 (or 990-N or 990-EZ).\*

Choose File No file chosen

Upload proof of non-profit status (such as an IRS opinion letter establishing tax-exempt status or official articles of incorporation).\*

Choose File No file chosen

Upload disposition of assets.

Choose File No file chosen

Project Photo

Choose File No file chosen

Upload a photo pertinent to your application.

Project Photo

Choose File No file chosen

Upload a photo pertinent to your application.

Additional Document

Choose File No file chosen

Upload a document pertinent to your application.

Upload your W-9.\*

Choose File No file chosen

Upload a copy of the bylaws.

Choose File No file chosen

Other organizational material pertinent to the disposition of assets.

Choose File No file chosen

Project Photo

Choose File No file chosen

Upload a photo pertinent to your application.

Project Photo

Choose File No file chosen

Upload a photo pertinent to your application.

Additional Document

Choose File No file chosen

Upload a document pertinent to your application.

protected by reCAPTCHA

Privacy - Terms

☒ Receive an email copy of this form.

Email address

This field is not part of the form submission.

Submit

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SAMPLE

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